



DEPARTMENT OF CONSUMER AFFAIRS
 CALIFORNIA BOARD OF ACCOUNTANCY
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NAME CHANGE FORM

☐ Exam Candidate ☐ Licensing Applicant ☐ CPA/PA Licensee

Type or print legibly and sign below.

Name: _____

Former Name: _____

Unique Identifier Number (if applicable): _____

CPA/PA License Number: _____ Daytime Telephone #: _____

Reason for Name Change:

☐ Court Order ☐ Marriage
☐ Dissolution of Marriage ☐ Naturalization
☐ Other (specify) _____

You **MUST** submit a copy of official documentation that verifies your name change, such as: court order, divorce decree, marriage certificate, naturalization papers, etc.

I hereby certify, under penalty of perjury, under the laws of the State of California that all statements, answers, and representations on this form are true, complete and accurate.

 Signature

 Date

CPA/PA licensees: A new Pocket ID will be mailed at no charge to your address of record on file with the California Board of Accountancy in six to eight weeks. If you wish to request a wall certificate with your new name, you must include a Wall Certificate/Pocket ID Replacement Request Form (11L-7a).

For Office Use Only

Date Name Change Processed: _____ Processed By: _____

Date Pocket ID Ordered: _____